



No-show and Late Cancellation Policy

When we make your appointment, we are reserving a room and therapist for your particular needs. We ask that if you must change your appointment, please give us at 24 hour notice. This courtesy makes it possible to schedule your reserved room and therapist time to another patient who would like it.

There is a charge of \$25.00 for not showing up for scheduled appointments. Repeated cancellations or missed appointments will result in loss of future appointment privileges.

We feel that our patient's time is valuable. When your appointment is made, a room and therapist are reserved, your records are prepared, and the necessary equipment is readied for your visit. We try our best to be prompt getting you back for your scheduled appointment. We, of course, would appreciate the same courtesy from you.

Thank you,

CPT Staff

I have read, understand, and agree with the above mentioned policy.

Patient's Signature: _____

Unpaid Balances: Cumberland Physical Therapy reserves the right to refer unpaid due balances to third parties for collection. In the event that any past due balance is placed with a third party, I agree to pay any costs of such collection including agency fees, legal/attorney fees, and court costs.

Patient's Signature: _____